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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP1 UK**  **March 2018** |
| Interviewer initials | KC |
| Age at interview | 36 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Clinic (x2); Agency (x4) |
| Number of donation cycles | 6 |
| Nº of Children/ pregnancies | 2 children |
| Education details | Undergraduate degree |
| **Interview summary** | She is a repeat egg donor who has donated 6 times. She heard about egg donation on the radio and donated directly through a clinic twice. She looked online and came across an agency; she was very happy with the treatment and support of the agency and donated 4 more times through them.  She expressed various difficulties in fitting the donation cycles into her daily life and had to go to some lengths to manage this.  She saw her unused eggs as going to waste and wanted to help others. She waited until her own family was finished before donating her eggs for the first time in case of effects on her own fertility.  She wanted to donate to one couple at a time, the perceived relationship between her and the recipient was important. She would like more information about the couples she has donated to and outcome of the donations. Matching was also important to her.  She felt very supported and cared for by the agency staff and some of the clinic staff, a clinician and fertility nurse. She perceives ongoing friendships and relationships with them. She now acts as an egg donor advocate for the agency online.  She feels that she has given the eggs to the recipient, they are theirs and it should be up to them to decide what to do with them. For herself, having been an EP gives her a good feeling, and a feeling of being a part of something, feeling important and valued.  She thinks that doing it for the money is the wrong reason to donate. The financial compensation didn’t play a role for her and most of the money she received was spent on travel to and from the clinic appointments, and for the stays in the hotel the night before. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP2 UK**  **March 2018** |
| Interviewer initials | KC |
| Age at interview | 26 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Agency |
| Number of donation cycles | 2 |
| Nº of Children/ pregnancies | Currently pregnant |
| Education details (highest qualification) | Secondary education |
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| **Interview summary** | She says she wanted to donate her eggs once, but was approached a second time by the agency who said they had found another match for her and asked her if she would be willing to donate a second time. She describes her motivation as wanting to help someone have a child; she knew of sperm donation before, but not of egg donation. She was made aware of through the radio, and began the process when stopping work and becoming a full-time student because it gave her more time. She didn’t know anyone who struggled with fertility before.  She saw her unused eggs as going to waste and wanted to help others. She has also donated blood. She would donate again but is currently pregnant with her first child.  She was supported by a friend and felt supported by agency staff. She felt judged during the counseling process and did not find it useful.  She didn’t think the recipients would tell the donation conceived child and didn’t think much about future meetings with them. The letter she received from the recipients was important to her.  She was against unused eggs being destroyed and wanted them to go to use. She thought there should be an option for them to be used in research.  Being an egg provider has given her the feeling of being a good person; doing something good for someone else.  She spent almost all the money on travel, and emphasizes that she didn’t do it for the money; the £750 would not be enough money to be a motivator. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP3 UK**  **April 2018** |
| Interviewer initials | KC |
| Age at interview | 25 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Agency |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 2 |
| Education details (highest qualification) | Secondary education (A-levels) |
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| **Interview summary** | She had donated for the first time through an agency and says she has already been in touch with them to find out if/when she can donate again. The couple she donated to is pregnant.  She says she is the kind of person who wants to help others in any way she can. She has finished her own family and wants to help others who are finding it more difficult than she did. She has donated blood, is on the organ donor register, wants to be a surrogate once her children are older and can understand better.  The letter from the recipient was very important to her. She says her mother does not fully understand donation and refers to the donor conceived child as her grandchild.  She was supported by partner and agency staff. She did not think counselling (provided by the agency) was useful and felt judged.  She sees the eggs as the recipients’ and feels it is their decision what to do with them. She didn’t like the idea of a public egg bank in which the eggs might go to anyone and was under the impression that the recipient couple have been vetted in some way. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP4 UK**  **April 2018** |
| Interviewer initials | KC |
| Age at interview | 32 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Agency |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 2 |
| Education details (highest qualification) | Secondary education (GCSEs) |
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| **Interview summary** | She wanted to donate her eggs because of her mother’s partner experiencing fertility problems and suffering emotionally because of it, and found the agency online. She wanted to donate again straight away and was impatient with the matching process. She was adamant that she didn’t do it for the money, she just wanted to help people. She became a donor after having completed her own family.  She donated once and describes this as a very positive experience and felt cared for and valued by staff. Meanwhile she found another ‘matching’ website for surrogacy and decided to become a surrogate. She described surrogacy as a step up from being an egg provider.  She found the counseling useful and informative. She found her own egg donor buddy online for support, information and advice.  She felt that donated eggs should be used for one recipient who you have been carefully matched with. Matching was very important to her as it made her feel connected to the couple she donated to. Receiving a letter and gift from the recipients after the donation was a strong emotional experience. She felt a strong feeling of empowerment by helping other women. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP5 UK**  **April 2018** |
| Interviewer initials | KC |
| Age at interview | 29 |
| Ethnicity | White British |
| Type of donation | Known |
| Recruiting organization  (Clinic; agency; other) | Agency |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 2 |
| Education details (highest qualification) | Undergraduate degree |
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| **Interview summary** | She is becoming an egg donor after trying to be a surrogate, but the attempts (first gestational, than genetic surrogacy) failed and also the relationship with the intending parents suffered after the failed pregnancy.  She is undergoing a known donation that has been arranged through Surrogacy UK. She became an egg provider after she and her husband considered their family completed and both wanted to donate their gametes. Her husband is a sperm donor (self-arranged). She is doing known donation because she wants to play a part in the future child and families life. Donation is something her and her husband have always wanted to do; they see this as a sort of extension to their own family network. She wouldn’t want to donate and not know anything about the intended parents or the donor child. She think it is the intended parents decision what should happen with the remaining eggs.  The intended parents paid for and organised all travel, accommodation and bought her gifts. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP6 UK**  **May 2018** |
| Interviewer initials | KC |
| Age at interview | 38 |
| Ethnicity | White British |
| Type of donation | Egg-share |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 3 |
| Education details (highest qualification) | Secondary education (A Levels) |
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| **Interview summary** | She has experienced her own fertility issues and had to have IVF with ICSI for her first pregnancy. She had her eggs collected and fertilized. Two eggs were implanted and resulted in her first child, the rest were frozen. 6 years after her first child was born she decided she wanted to try for another child but couldn’t afford the treatment. She heard about egg donation and asked the clinic if she could donate eggs and use the £750 compensation against the cost of IVF using her frozen embryos. The clinic made an arrangement with her for a free cycle of IVF in return for donating her eggs. This resulted in the birth of her second child.  The main motivation for her to donate her eggs was for her to be able to have IVF, and through donation she was able to have a child. She didn’t expect that the donation process would be so complicated and found the counseling a waste of time and very negative.  She has not found out the outcome of her donation, whether there was a pregnancy or if any children have been born. She expresses ambivalence about the possibility of future contact with the children but says she would welcome it if the child wanted to know anything about her or to meet. She does not envisage any type of family relationship despite having the genetic link. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP7 UK**  **May 2018** |
| Interviewer initials | KC |
| Age at interview | 33 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 3 |
| Nº of Children/ pregnancies | None |
| Education details (highest qualification) | Postgraduate degree |
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| **Interview summary** | She was inspired to donate when a close friend of hers was diagnosed with cancer and she realized the reproductive consequences of chemotherapy.  She thought that she would never have children of her own but would like to help others and identified with the idea of ‘spreading her genes’.  She had a bad experience of donating due to side effects she experienced after the donation. She did not feel cared for by the clinic and felt that her welfare was not of their concern. She wanted to donate again because she wanted to make it a more positive experience for her.  Despite the first donation being negative physically and emotionally for her, she felt as though she did get emotional rewards from it and felt good that she was able to help another person. She saw the compensation amount as insignificant and not enough to warrant any relation to her income. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP8 UK**  **May 2018** |
| Interviewer initials | KC |
| Age at interview | 31 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 5 |
| Nº of Children/ pregnancies | 2 |
| Education details (highest qualification) | Secondary education (GCSEs) |
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| **Interview summary** | She is a multiple donor, having donated 5 times to 6 women at two different clinics. She will keep donating until the family limit is reached. She has donated at two clinics, at the first clinic she did not feel cared for. At the second clinic she feels she has had a better experience.  She had a dispute with one clinic regarding information provision. They asked her to wait a year after donating to find out the outcome of the donation and had to contact national charities to find out her rights which proved difficult. She would like to see the ‘grey area’ around information provision made more explicit in guidelines and standard across clinics.  She did not receive any letters or gifts from the recipients. She was able to give the clinic gifts for them to pass on. She would like to have more information and more contact with the recipients.  She used the compensation money for her business or something special for her family each time. She says she was not motivated by the money and would have donated and will continue to donate regardless of the money. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP9 UK**  **June 2018** |
| Interviewer initials | KC |
| Age at interview | 31 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles and date of last cycle | 0 (did not donate) |
| Nº of Children/ pregnancies | 3 |
| Education details (highest qualification) | Secondary education (GCSEs) |
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| **Interview summary** | She applied to donate her eggs via an online application form and was told via email that her BMI (32) was too high. She tried to lose weight and in the meantime found another clinic that accepted ladies with higher BMI.  She thought the initial steps of egg donation would be quicker and felt like the clinic made the process sound quick and easy when in reality it wasn’t. She was matched but couldn’t go through with it because she couldn’t fit it in around child care and holidays. She felt bad and guilty for having let someone down.  She is currently waiting to take medication but she is not sure if she will go through with donation after thinking more about the risks to her own health. She felt the risks were minimised by the clinic and only really brought up more fully in the consent form after she had already been through all of the tests and had been matched. Overall, she felt the clinics focus was on the recipient not the donor.  She wanted to donate after a close friend of hers had fertility difficulties for many years and ended up having a baby through egg donation. She felt that she wanted to help others to experience being a parent as being a parent is what matters most to her in her life. Her husband and brother were supportive of her but her mother was against the idea as she felt like she would have grandchildren out there. She felt there was a gap in impartial information about risks and reality of egg donation. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP10 UK**  **June 2018** |
| Interviewer initials | CW |
| Age at interview | 32 |
| Ethnicity | White British |
| Type of donation | Egg-share |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 3 |
| Nº of Children/ pregnancies | 1 |
| Education details (highest qualification) | Secondary education (A Levels) |
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| **Interview summary** | She is an egg-sharer who shared three times. When trying for a 2nd child and encountering difficulties, she was referred to a private fertility clinic. Here she learned about egg sharing which she considered because of the financial costs, it was the only viable option for her to have IVF.  The first round caused hyper stimulation and the doctors counselled against a fresh cycle. It took a year to perform the first round and the transfer was unsuccessful but successful for the recipient. The second cycle was unsuccessful and she received no information about the recipient. The 3rd cycle was successful for the recipient. To improve the odds, she chose various add-ons, including ICSI. The pregnancy occurred, but the 5-week scan showed an empty amniotic sac.  She spent in total ~8 years on the treatment and cycles.. She had various costs, up to £2,500 at the last cycle, and was never given a precise cost break down; she had to pay for the genetic tests herself, and also ICSI was not covered. At the end, she complained to the clinic about feeling that the clinic did not do their best to help her problem and for not making her fertility issues clear to her.  She has come to terms with the failures to have a successful pregnancy. She is curious to eventually get to meet the donor-conceived children. She will tell her child about having been a donor and the 2 donor-conceived children (siblings) at a later point.  She felt that a lot of information was missing during the egg donation process. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP11 UK**  **June 2018** |
| Interviewer initials | KC |
| Age at interview | 33 |
| Ethnicity | White British |
| Type of donation | Egg-share (did not donate) |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles and date of last cycle | 0 |
| Nº of Children/ pregnancies | 0 |
| Education details (highest qualification) | Undergraduate degree |
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| **Interview summary** | She is a single woman going through IVF with donor sperm. She decided to go down the IVF route as she wanted to donate eggs and thought she could do it all in one go. She could not go ahead with the egg donation because she had an ovarian cyst and the clinic thought it might affect how many eggs were collected. She went through IVF without egg sharing in the end. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP12 UK**  **June 2018** |
| Interviewer initials | KC |
| Age the interview | 34 |
| Ethnicity | White British |
| Type of donation | Egg share |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles and date of last cycle | 1 |
| Nº of Children/ pregnancies | 1 and currently pregnant |
| Education details (highest qualification) | Undergraduate degree |
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| **Interview summary** | She is in a same sex couple and has had a child through sperm donation. She always wanted to donate eggs but wanted another child and didn’t want to be too old. She was told by an NHS nurse about egg sharing. She went to an open evening at a fertility clinic to find out more; she had not considered IVF before this.  She was not aware of how long the process would take and that she would have to be matched with someone else going through IVF. She thought her eggs would be frozen and put in an egg bank. She ended up with one viable embryo that was implanted and is pregnant.  She would have preferred the donation to be anonymous as she is uncomfortable with the idea of someone contacting her in 18 year’s time and the impact that this could have on her children. She was not aware of the possibility of known donation and thinks that this is appealing in some respects to; so that the donor and/or donor conceived child is always there and known rather than turning up out of the blue in 18 years time.  Her partner felt uncomfortable with the amount of information she was asked to provide about herself to give to the recipient. She doesn’t know anything about the recipient and is curious, but is not interested in finding out about if they fell pregnant or if any children are born. She saw the eggs that she gave away as belonging to the recipient.  She says that she would not have been able to afford IVF without the reduction in fees due to the donation. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP 13 UK**  **June 2018** |
| Interviewer initials | KC |
| Age at interview | 29 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 2 |
| Education details (highest qualification) | Secondary education (A Levels) |
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| **Interview summary** | She has suffered with depression and anxiety and wasn’t sure if she would be accepted as a donor but she was. She wasn’t given any information about the recipient but knows that she is pregnant. She can’t wait to find out if a baby is born and wants to donate again.  Her friend had fertility issues and it alerted her to what people go through when they have difficulties conceiving. She was handed a flyer about the need for donor eggs and the shortage of egg donors in the UK. She says that it wasn’t about the money, that she wanted to help someone else to have children as she had no need for her eggs. She says it feels good to help someone else and makes her feel like a good person.  She would like more information about the recipient but doesn’t seem interested in the future child/children. She would prefer anonymity but would also do known donation.  She sees the eggs as going to the recipient and although acknowledged that fertility treatment is expensive, was uncomfortable with clinics making money from her donation. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP 14 UK**  **June 2018** |
| Interviewer initials | KC |
| Age at interview | 36 |
| Ethnicity | White British |
| Type of donation | Egg-share |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 1 |
| Education details | Undergraduate degree |
| **Interview summary** | She was introduced to egg sharing by a clinic as a way to reduce the costs of IVF. There were 17 mature eggs collected and split between them, 8 to her and 9 to the recipient. Her first two rounds of IVF were not successful, they paid for additional health checks and found she had an issue with her blood clotting factors that was affecting ability to carry a child. She had treatment and a successful pregnancy. She became emotionally invested in helping someone who was medically unable to have a child using their own eggs.  There was quite a long delay in being matched with a recipient and she was surprised to be asked about how she wanted the eggs to be divided part way through the process instead of earlier on. She says this was the most difficult decision to make, but they decided that if there was not enough eggs to be shared and in the cases of an odd number, all eggs or the extra one would go to the recipient. This is because she would then get a free cycle from the clinic.  She does sometimes wonder if a child was born from her donation. She thinks the child has a right to find out some information about the donor. She is unsure of how to tell her own child how they were conceived.  She thinks there is a need for more impartial information about egg donation that is not on clinic websites - particularly experiences of egg sharing. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP 15 UK**  **June 2018** |
| Interviewer initials | KC |
| Age at interview | 22 |
| Ethnicity | White British |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles and date of last cycle | 1 |
| Nº of Children/ pregnancies | 0 |
| Education details (highest qualification) | Student |
| **Interview summary** | She donated eggs after seeing an advert on local news. She expected the process to be quicker however it took 11 months from her enquiry to egg collection. 12 eggs were collected and two successfully fertilised, the recipient had one implanted and one frozen. She found out that it was not successful.  She experienced side effects from the medications (ovarian cysts, tenderness, bloating, mood issues). The clinic told her that she might have some issues with her own fertility due to low follicle counts and a tilted womb- they were happy to go ahead with the donation and said she should come back to them if she experienced fertility issues in the future. She doesn’t want children but was concerned by this as she might change her mind in the future.  She didn’t feel prepared for the egg collection. She felt rushed by the clinic after the surgery to get out. She felt she didn’t react well to the anaesthetic and could have been treated with more care. She felt like the clinic didn’t tell her about the risks and overall felt used by the clinic and really sad that the donation was not successful.  She had to chase them for the compensation money and felt that it wasn’t enough for what she went through.  She felt that the donor should have a say in what happens to the eggs they donate and was uncomfortable with the idea of clinics making money from the eggs. She felt like she needed more support through the process and hasn’t found anywhere to get this from. |
| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP 16 UK**  **July 2018** | |
| Interviewer initials | CW | |
| Age at interview | 40 | |
| Ethnicity | British Indian | |
| Type of donation | ID release | |
| Recruiting organization  (Clinic; agency; other) | Clinic | |
| Number of donation cycles and date of last cycle | 1 | |
| Nº of Children/ pregnancies | 2 | |
| Education details | Undergraduate degree | |
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| **Interview summary** | She was 34 at the time of the donation and that stopped her from becoming a donor for a second time. She chose to be a donor because she wanted to help someone. She thought about other women struggling to conceive, as she had once done, and wanted to help. She said the clinic were pleased with having an Asian donor.  When preparing for donation, she was matched with 2 women, both Asian, one local, one from abroad. To be able to match with both of them, she had to take the treatment for 7 weeks instead of 3. She felt she had not been counselled much about side effects and risks.  Her overall experience was positive. She knows that the women who came from abroad conceived a girl. The local recipient was unsuccessful.  She wonders whether she will be contacted in 18 years from the donation. She also wonders that given the recipient is Asian, and from abroad, to what extent their cultural upbringing will influence the choice to tell the child and if the child will ever know.  She has told her children about their donor-sister, and in the month of her donation, she gives a special moment and memory to the fact that her donation enabled someone to have a daughter.  All of her friends and family know that she is a donor. | |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP17 UK**  **July 2018** |
| Interviewer initials | KC |
| Age at interview | 29 |
| Ethnicity | White British |
| Type of donation | Egg Share (did not donate) |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles and date of last cycle | 0 |
| Nº of Children/ pregnancies | 2 |
| Education details | Secondary education |
| **Interview summary** | She experienced an ectopic pregnancy and was advised to go down the IVF route for a future pregnancy. The clinic made her aware of egg sharing (and sperm sharing) and she decided to go for egg donation mainly because of the reduction in costs of their own fertility treatment.  She chose the clinic on the grounds of IVF success rates. She felt that there was pressure on her to ‘do better’ if she was egg sharing because it would be two ladies fertility treatment rather than just her own. For example, she was told that she would need to produce at least 10 eggs to go ahead with egg sharing. She thought the whole process was centered around the recipient and their needs.  She felt overwhelmed by the volume and depth of information the clinic were asking for when she started egg sharing. She was asked for more information about her brother, who had had cancer as a child. She was surprised as this was, in her view, not hereditary. As a result, she was rejected as a donor because of this piece of family history. They appealed against this decision but were declined again.  She felt as though her eggs were not good enough, the whole thing was very isolating, she felt lonely and not well supported. She was not offered counseling. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP18 UK**  **July 2018** |
| Interviewer initials | KC |
| Age at interview | 35 |
| Ethnicity | White British |
| Type of donation | ID-release |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 4 |
| Nº of Children/ pregnancies | 0 |
| Education details (highest qualification) | Postgraduate degree |
| **Interview summary** | She thinks that she will never have children of her own. She heard about egg donation on the radio and thought that she might be able to help others.  She has donated 4 times to 4 different women and there have been 4 children born from her donations. She gets emotional thinking about how her donation has helped to create much wanted families and is very proud being an egg donor. She would have liked to donate to the 10 families, but she is approaching 36 (the age limit for donation).  She expected the donation process to be quicker and simpler than it was. The clinic found a cyst at the first appointment and she had to have this removed before going on to donate and was thankful that the clinic found it.  She was able to fit egg donation into her daily life due to her boss being flexible with her working hours and the clinic arranging scans to fit around her. The only negative of the whole experience for her was the counseling. She didn’t gel with the counselor, saying that it was cold and impersonal.  In terms of the money, she was adamant that doing it for the money was doing it for the wrong reasons. Having the extra money was nice, but not significant for her. The money was merged with her general income and spent on household things. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP19 UK**  **August 2018** |
| Interviewer initials | CW |
| Age at interview | 33 |
| Ethnicity | White British |
| Type of donation | Known |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 2 |
| Education details (highest qualification) | Postgraduate degree |
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| **Interview summary** | She is a known donor who donated to her friend. Her friend and his wife are cancer survivors, and his wife was infertile following treatment. Knowing their story and wish for a family, she made the offer and they agreed to go ahead.  The whole process of egg donation took much longer than anticipated.  The donor felt guilty for producing a low amount of eggs but was relieved when they did tell her the positive hGC test. The friend’s wife was 10 weeks pregnant at the time of the interview.  She did not receive any compensation towards her expenses from the clinic or the couple. She will raise this with the clinic and the HFEA as she knows that there is a compensation budget. She felt the clinic should have been much better at communicating with her, as a lot of the information she got and needed came through the recipient couple instead.  They have talked about her role/involvement with the child, but the reality is yet to show after the birth. Her children know that ‘mummy helped someone have a baby’. She is open about her egg donation with her friends, and more discreet in the shared circle of friends with the recipient couple. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP 20 UK**  **August 2018** |
| Interviewer initials | CW |
| Age at interview | 33 |
| Ethnicity | White British |
| Type of donation | Egg sharing and intra-couple egg donation |
| Recruiting organization  (Clinic; agency; other) | Other; online forum |
| Number of donation cycles | 2 (1st: sharing and intra-couple, 2nd: intra-couple) |
| Nº of Children/ pregnancies | 1 |
| Education details | Postgraduate degree |
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| **Interview summary** | She did both egg-sharing and intra-couple egg donation. She chose to egg-share out of financial reasons. The first donation was egg-share and donation to her partner and the second was a intra-couple donation.  From the 1st round, her partner got pregnant, at first with twins, then one embryo stopped developing. One embryo remained frozen, but the next round of IVF was unsuccessful. For this reason, she cycled once more, and on the attempt, her partner got pregnant and is currently carrying twins.  Two days before the first donation, she was told that the recipient might no longer be considered by the clinic and they offered to either donate all her eggs to the bank, and have a free other cycle for herself and her partner, or keep all eggs. She decided to donate the shared half to the egg bank. The option of egg-sharing was sole financial decision, and on the 2nd round of cycling they were financially better off and therefore didn’t need to share for the treatment.  The clinic she and her partner chose didn’t treat and acknowledge them as a couple, but as donor and recipient, which meant that they offered separate consultations when it would have been helpful to have these shared. The clinic also have conflicting advice what to do about the legal steps re the intra-partner donation. She felt that the consultations where a ‘tick-box-exercise’. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP21 UK**  **September 2018** |
| Interviewer initials | KC |
| Age at interview | 30 |
| Ethnicity | White British |
| Type of donation | ID release (Did not donate) |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 0 |
| Nº of Children/ pregnancies | None |
| Education details | Postgraduate degree |
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| **Interview summary** | She has close friends and family members who have gone through IVF and seen how difficult the process is. She does not want children of her own and she saw her eggs as almost going to waste each month and thought that if she could give them to someone who really wanted a baby it would be a good thing to do. She has also looked into surrogacy.  She contacted a clinic local was told by the administrator that there was no demand for donor eggs. She put a lot of thought into donation before approaching them and felt rebuffed and as if she wasn’t wanted. She seemed to have been turned away prior to any personal details being collected from her and she was not asked to put her name down on a waiting list.  She hasn’t approached another clinic and seemed to be under the impression that there is no demand for donor eggs nationally. She thought it worked like a blood bank does where you can donate at one hospital and then the eggs are used where they are needed.  She wanted to help other women/ couples but is not interested in having a relationship with any future children. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP22 UK**  **September 2018** |
| Interviewer initials | CW |
| Age at interview | 32 |
| Ethnicity | White British |
| Type of donation | Egg share |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles and date of last cycle | 1 |
| Nº of Children/ pregnancies | 0 |
| Education details | Secondary education |
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| **Interview summary** | She chose egg sharing because she wanted to make the donation worth it not just for herself, but for other women struggling with fertility issues. Her partner had a vasectomy in a previous relationship and therefore, they chose IVF.  The donor experienced severe OHSS following the retrieval, and donated 31 eggs, all in perfect condition. She was not counselled about the risks and the chances of OHSS before the treatment and it only when the scans showed the development of over 30 follicles, they mentioned it to her. Whilst the clinic told her not to worry about it, she experienced severe pain however nobody at the clinic answered the text she sent to the emergency number she was provided and had to call an ambulance. She was hospitalised for 4 days and diagnosed with severe OHSS.  She knows that the recipient did not get pregnant following the transfer. Her own transfer is planned 3 weeks following the interview. Following this experience she would not consider donating again. She is not satisfied with the counselling and treatment she has received, and wants donors to have better counselling and the presentation of the full picture. |
| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP23 UK**  **October 2018** | |
| Interviewer initials | CW | |
| Age at interview | 32 | |
| Ethnicity | White British | |
| Type of donation | Egg share, intra partner | |
| Recruiting organization  (Clinic; agency; other) | Friends | |
| Number of donation cycles | 2 | |
| Nº of Children/ pregnancies | 2 | |
| Education details | Postgraduate degree | |
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| **Interview summary** | This interview was carried out with the egg donor and her partner. She provided eggs twice - the first round for her own fertility treatment with her partner, whereby her partner was to carry the pregnancy, and to afford the treatment, they opted to egg share. The second round they only did the intra couple donation.  The first round was delayed and their initial recipient ‘dropped out’ and so the 2nd half of the eggs went into the egg bank. The couple opted for the sharing option mainly because of the cost cut. Following the embryo transfer, her partner had a chemical pregnancy. A few months later they tried again. This time, only for their own treatment. Her partner tried first, had a twin pregnancy initially, but lost one fetus. They have a son from this round.  They contacted the clinic again to ask whether the shared frozen eggs had been used, and they had been, but unsuccessfully. The egg provider feels guilty for having let someone down and having ‘rubbish eggs’. For the final round with the last 2 embryos, the egg provider wanted to try, so her partner had to sign over the ownership over the embryos back to the originator of the eggs, and she got pregnant, but miscarried.  They had a very good treatment and counselling in the clinic. The staff always did their counselling together, and they could phone up for each other to get information and results. They staff even apologised for some formalities that didn’t apply to them, and treated it as a family fertility treatment, rather than as a donor and recipient. | |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP24 UK**  **November 2018** |
| Interviewer initials | CW |
| Age at interview | 37 |
| Ethnicity | White other/Greek |
| Type of donation | ID-release and preparing for known |
| Recruiting organization  (Clinic; agency; other) | Agency |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 3 |
| Education details | Undergraduate and professional degree |
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| **Interview summary** | This EP has done one ID-release donation and is currently waiting for the clinic of her known recipients to give her the date to start her known donation cycle.  She came across the opportunity to donate because of an clinic advert. She was pregnant with her 3rd child at the time, but called the clinic to inquire who told her to call back within a year. She did that and donated 4 months later, and was pleased with how quick and efficient it went.  The first IVF cycle for her recipients was successful and she knows that a child was born. The couple has the remaining eggs for future use. She would have repeated being a donor for the clinic as she was very satisfied with their care, but she was too old. Then a friend told her that Surrogacy UK accepted older donors, and as she was very fertile with excellent results and no side effects during the stimulation, she is in the process of becoming a known donor for a couple.  All her family and friends know about her experience as a donor and are supportive. Her children also know that she has been and will be a donor; she would be happy if the donation-conceived child would seek contact, but won't be waiting for it. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP25 UK**  **November 2018** |
| Interviewer initials | CW |
| Age at interview | 29 |
| Ethnicity | White British, ¼ Guyanese |
| Type of donation | Intra-partner, egg-sharing |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 1 |
| Education details | Undergraduate degree |
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| **Interview summary** | She is a donor who has done egg-sharing, and will likely use her eggs for a fertility treatment with her partner.  She chose egg sharing in order to give back as she and her partner needed donor sperm. They retrieved 19 eggs in the end and she felt very bloated and uncomfortable for a week following the retrieval, but was not invited for a follow-up consultation.  They first went to clinic #1 in London, where the mode of consultation, and the attitude and comments put them off. A few months later, they went to clinic #2, and had a much better experience and were very happy with the care. Nevertheless, she expressed dissatisfaction on how the clinic handled their status as a lesbian couple, treating them separate at some points, and together at others; she would have wanted to be treated more as a unit, not as separate donor/recipient entities.  By her looks she appears to be white, but has a Black grandparent. Upon disclosing this in the clinic, she was told that it could delay the matching. She found this awkward and uncomfortable because it wasn’t explicitly expressed as a racial reason, and also because she didn’t want any delay; in the end, she was matched without delay. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP26 UK**  **November 2018** |
| Interviewer initials | CW |
| Age at interview | 32 |
| Ethnicity | British |
| Type of donation | Intra partner, egg share |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 1 |
| Nº of Children/ pregnancies | 1 |
| Education details | Postgraduate degree |
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| **Interview summary** | She is an egg sharer who has given her half of her eggs to her partner; her partner got pregnant on the first attempt and they have a child together.    She feels strongly about having been a donor, but would not do it a second time, because she doesn’t feel comfortable with the idea of a branched out family tree.  Like her partner, she criticised the clinic for their conduct regarding them as a donor and recipient, rather than a unit – and mentioned how they for instance would send two separate letters to their address. She thinks a lot of appointments which they had had separate could and should have happened together. This is something she would like to see policy change in.  She feels strongly about not commercialising egg donation, and made clear that she had no commercial interests in mind, but did it solely with the motivation to give back and to help another woman. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP27 UK**  **December 2018** |
| Interviewer initials | CW |
| Age at interview | 29 |
| Ethnicity | White/Black-Caribbean |
| Type of donation | ID release |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 2 |
| Nº of Children/ pregnancies | 0 |
| Education details | Undergraduate degree |
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| **Interview summary** | She was working as an assistant in a gynecology unit when the doctor there mentioned there was a lack of BME egg donors in the UK. She therefore decided to look into it was given an appointment for counselling at the clinic and signed up as a donor.  In the process of stimulation, she was asked if she was willing to donate to two recipients at the same time and agreed. Shortly before retrieval one recipient had to pull out because of medical complications, and she was asked if she was willing to donate for that recipient within a year’s time and agreed.  Both donation cycles went well. In both cases she knows one child to be born. She then considered donating a third time, but a different agency she contacted rejected her on the bases of her grandmother’s renal failure.  She says that the need for ethnic minority donors was one of her main motivations to donate and she would be curious to get to know other donors. She is considering donating again, after her own family planning. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP28 UK**  **July 2020** |
| Interviewer initials | CW |
| Age at interview | 28 |
| Ethnicity | White British |
| Type of donation | Known and ID release |
| Recruiting organization  (Clinic; agency; other) | Online forum |
| Number of donation cycles | 4 |
| Nº of Children/ pregnancies | 2 |
| Education details | Postgraduate degree |
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| **Interview summary** | She became a known egg donor after having completed her own family. For her first donation, she found a couple through a chat room. She recalled that the staff tried their best to keep them apart, even telling her she couldn’t come at a certain day/time because the recipients would be present, despite knowing each other. The donation went ahead and the clinic didn’t keep her informed on anything, but the recipients did and a child was born. After the birth, the recipients invited her to meet the child.  For her third donation, she found the recipient through playing on the same sports team who eventually conceived twins. She opted for an ID-release donation for her last round which resulted in the birth of a child.  Overall she experienced good care from the clinics, but thinks that in a known donation arrangement, donors and recipients should not be kept separate.  She feels really proud that she has ‘made’ 5 children in total. She said that she is lucky with her own two kids, and “felt a bit too lucky” so she wanted to share the luck. |

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| **Interview ID Code**  **(Egg provider; interview number; country) and date of interview** | **EP29 UK**  **June 2020** |
| Interviewer initials | CW |
| Age at interview | 26 |
| Ethnicity | White British |
| Type of donation | Known and ID-release |
| Recruiting organization  (Clinic; agency; other) | Clinic |
| Number of donation cycles | 5 |
| Nº of Children/ pregnancies | - |
| Education details | Postgraduate degree |
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| **Interview summary** | She discovered egg donation through an advert of a couple looking for an egg donor. She made contact with the couple, and a week later, she was in the clinic and ended up donating to the couple in the advert as an ID-release donor. She felt very invested in this couple, and then, after she had provided the eggs, felt cut off. This donation took almost 18 months.  For her second donation, she heard that someone known to her friend was looking for an egg donor. They met and she felt a strong connection to the woman and offered her to be their donor. The donation was unsuccessful she felt devasted that they didn’t get pregnant. Her third donation was also unsuccessful.  For her fourth and fifth donation, she donated to a gestational surrogate and both donations resulted in a successful pregnancies.  In all of her donations, she always offered the recipients to go about it how they wanted to, as long as they would tell their children how they would be conceived, as she was planning to tell her children of donor-siblings.  She has been in touch with two couples since the donations however has had some issues within these relationships.  She thinks that clinics are not well set up for known donation arrangements and there is a need to improve. |